

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP		
1						
2						
3		5				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	21					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

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